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Dec 10<sup>th</sup> 1826

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An

Inaugural dissertation on Cataracts  
Epidemicus, by Henry I. Macon  
of Georgia

Published March 17<sup>th</sup> 1827  
W. S. H.

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I awoke in the first air  
of the morning and was  
very faint and weak. I had  
a faint pain in my head and was  
very hot though I was shivering.  
I had taken a few drops of  
the laudanum and I had a  
strong desire to vomit. I vomited  
but the desire did not leave  
me. I vomited again and again  
and again. I was very weak  
and I lay down and slept.  
I awoke again and again  
and again. I was very weak  
and I lay down and slept.



## Introduction

In a work like the present, and at this period of our times, much originality, cannot be expected, particularly from those, who are about to commence upon the "Great Stage of Action"; and whatever is written, as an Inaugural address, should not contain speculative views.

I shall deliver a few remarks upon the Catarinus Epidemicus or Influenza, which prevailed during the winter of 1825; although my views of the subject are limited, yet they may contain some interesting knowledge to the inexperienced. Considering the wide scope, which this disease took, I am induced to believe that it cannot be misunderstood by <sup>the</sup> experienced practitioner.

The above remarks, are not made with a belief, that Medicine



has arrived to the some of knowledge  
or that mankind is now, at the zenith  
of perfection; but a belief was enter-  
tained, that it required experience and  
observation for the advancement of  
such idea's.

Impressed with this belief  
I submit the following dissertation  
the views of those who will judge  
according to the merits thereof.

Should I, in the following remarks, differ  
from your views, it is with a conscientious  
belief which has thus impressed me, but am  
open to conviction, and will grasp the  
truth with an eager desire.

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## Catarthus Epidemicus

This disease, according to Dr. Cullen, is divided into Ordinary Catarrh and Extraordinary Catarrh, or *Catarthus Epidemicus* or *Influenza*. It is said to have existed 2500 years ago; Hippocrates in the days of Pethagora mentions its prevalence in the island of Cos, who ascribed it to the interposition of the Deity.

For the last three centuries the physicians of Europe have noticed its recurrence. It appeared in 1510, in 1580, 1587, 1591, 1675, 1709, 1732, 1743, 1762, 1767, 1775, 1781, and 1782. In the last account of it, which was in 1782, it originated in China travelled through Asia, to Europe, and crossing the Atlantic has since been travelling through Americas.

Catarrh is also spoken of by Galen, but it was not noticed by Celsus, owing perhaps, to the changing the word Catarrh by.

## Winnipeg Indians

the late Greek writers, into Catarrhus.

It attacks the mucous membrane of the Nasus, often extending to the Bronchia and frontal sinuses. Schneider and Hoffman extends it to inflammation of all the mucous glands.

It attacks principally the healthy and robust; children and old persons either escape entirely, or are affected in a slight degree. It sometimes attacks pregnant women, and persons disposed to pulmonary complaints. Dr. Gord says that the attack commences in every season of the year; and in every state of the barometer, thermometer, and hygrometer. so far as this is correct I am unable to say, however it never occurs with us in the warm seasons.

We know not in what country it first originated; Dr. Cullen who traced it



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from the fourteenth century says "In all these instances the phenomena have been much the same and the disease has been particularly remarkable in this, that it has been the most widely spreading Epidemic known. It has seldom appeared in any one country in Europe, without appearing successively in every other part of it."

Remote Cause. This may be considered as an improper union of the elementary principles of the atmosphere, or in some foreign body accidentally introduced into the atmosphere, which is called Miasm.

Some Authors suppose it to arise from personal contagion. "The first says Dr. Hamilton describing the Influenza of 1782 "who were seized with it at Norwich were two men lately arrived from London".



When it then continued to rage, they spread it over the place." I might quote other authors on this point, but consider it entirely useless, as it is now well established in the United States that it prevails as an Epidemic.

To the establishment of this fact, the universal attack which it made (though in a mild form) on the Medical Class, the winter of 1825 & 26. Certain it is, that it proceeded from atmosphere, hence laird, but I know not how that laird is propagated. Dr. Good in his study of Medicine, says "that in Calcutta now before us (breaking of Influenza) prevails not only an epidemic character, but is dependent on atmospheric influence, is established, by such a cloud of well known proofs, that it is hardly worth while to give an example - of a dozen persons" says he, "in perfect health in the same room, ten have often been affected at almost the same time.



If we allow its malice to depend upon  
specific Miasms acting in the atmosphere,  
we can only account for its preserving its  
agency so long, and operating in such  
distant theatres, by supposing that its  
particles are hard to be decomposed in  
the air. Some specific Miasms seem to  
lose their power much earlier than  
others, and spread their effects through  
confined compartments; others retain their  
strength in a much purer air, usually  
saturated, with other foreign elements.

The proximate cause is as  
I have stated, an inflammation of the  
mucous membrane of the Fauces, often ex-  
tending to the Bronchia and Frontal sinus.  
The Stomach also undergoes a sym-  
pathetical affection, producing all the ap-  
pearances of an Autumnal Bilious Fever.



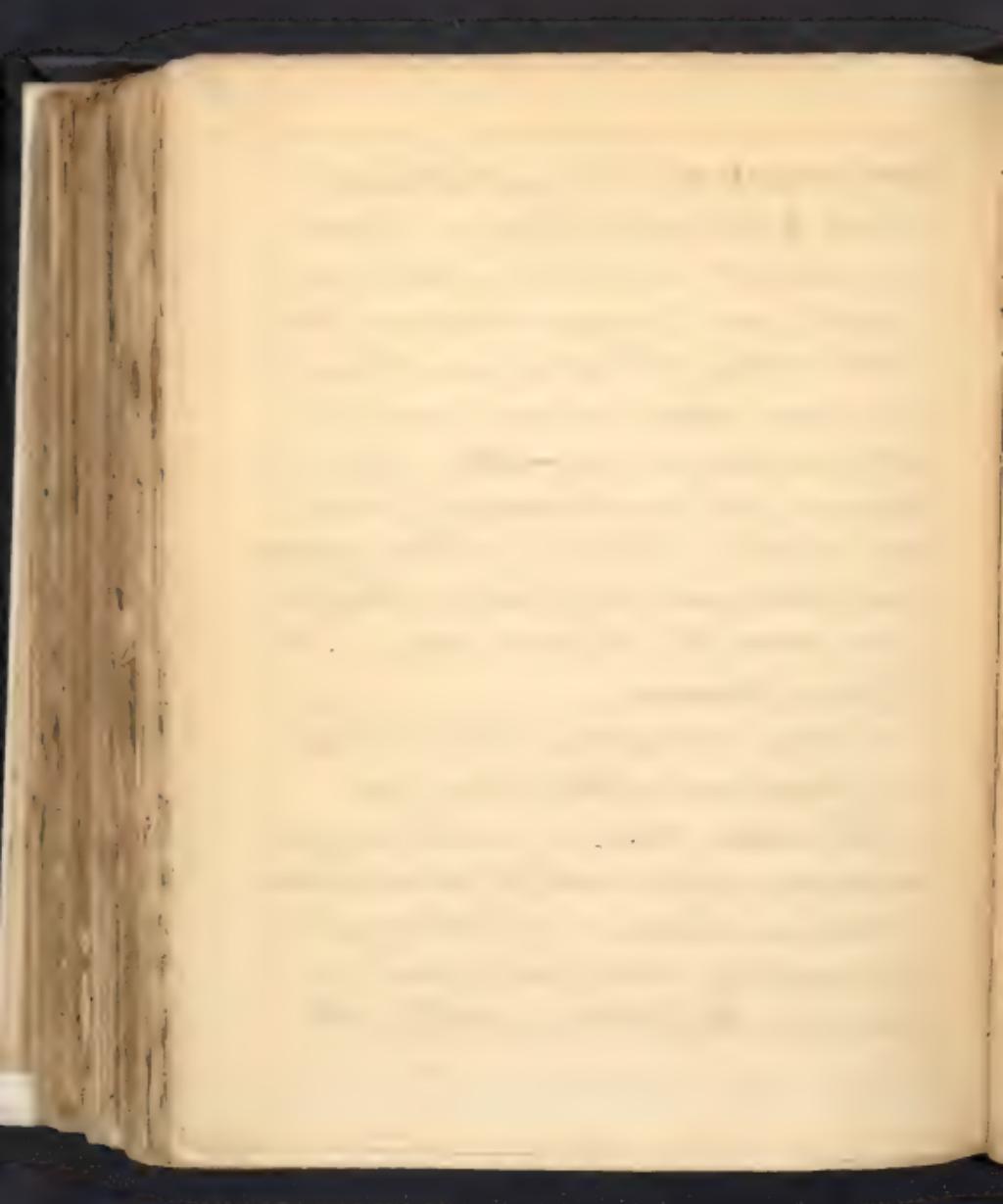
This appearance of symptoms induced me to believe the seat of the disease to originate in the Stomach but not having an opportunity of making post mortem examinations, and finding so little satisfaction from authors on that subject I am compelled to make the best as before mentioned, yet I cannot help believing that the meatus being of the Stomach to be greatly involved. I might here add that the proximate cause is only known as the disease itself, or the effects produced by the action of the remote causa.  
Symptoms. Great languor, lowness and oppression around the region of the Heart, anxiety with frequent sighing - sickness, and violent headache, with a quick and irregular pulse, and sometimes delirium at night. The skin is moist but sometimes



dry and parched, the tongue white and furred. In the first stage there is a sense of fullness about the head and of weight over the eyes, which are inflamed and watery - the nostrils are stopped up, and when discharge comes it is acridious, and offensive - frequent sneezing, the voice hoarse, the fingers sore, and lungs burthened, with a difficult respiration, and a dry hacking cough. Pain about the Scapula and in the Deltoid muscle.

I have also noticed that the charts are flushed once in two or four hours.

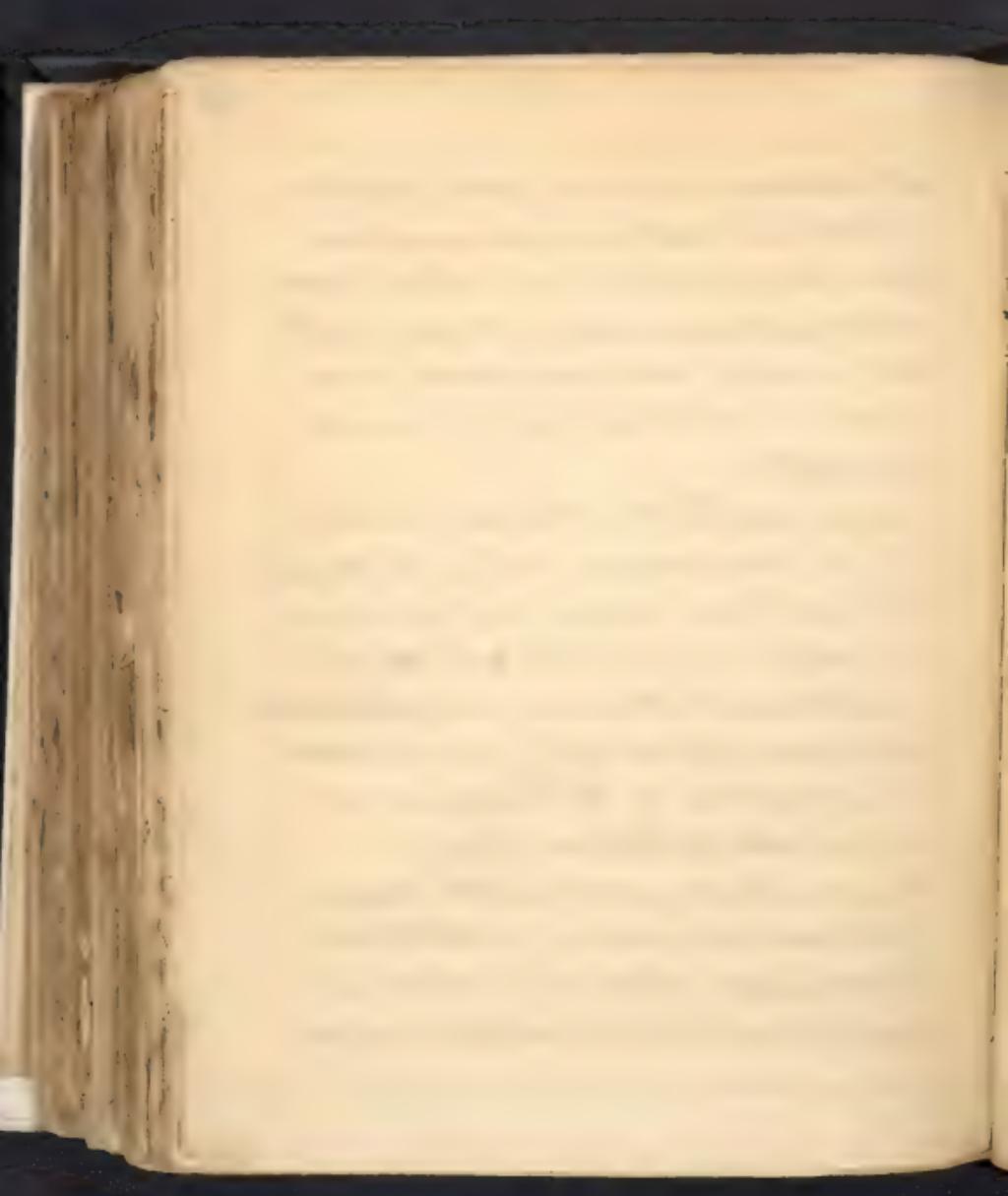
The disease continuing in this way for a few days, if not arrested the attack becomes more insidious affecting the Alimentary canal with fainting & vomiting - The patient is restless with



with watching, or lies in a comatose state, perfectly insensible, the feet and hands become cold, the bulb of the eye dilated, frequent breathing, with paroxysms of coughing till the patient is entirely exhausted and finally is snatched off by the hands of - Death.

Diagnosis. The only disease which this may be confounded with is the common Bilious Fever, and from it, a person, in a great measure the aspect of it, is called by the common people the Bilious Influenza. The time of the year in some of the symptoms of Influenza, are not concomitants of Bilious Fever.

Prognosis. We may easily tell the results by the mildness or severity of the attack. It sometimes is short in its attack, not allowing time to progestinate, in which



the patient <sup>off</sup> in twenty four hours.

A friend of mine, informed me that he was called to a patient, labouring under Influenza, and in the same room was a negroe woman, a nurse, apparently in good health, on his return the next day he found the negroe woman a corpse, who had evidently, in the 24 hours had, and died, with the same symptoms his patient was then labouring under Treatment. The first indication, is to reduce vascular action - This may be done by blood-letting, which must be copious, but we should be guided by the symptoms. as regards the repetition - I mentioned that the chuk, or often flushed, when this is the case blood-letting should be carried to a great extent, until we reduce the action of the blood-vessels. In fact in almost all cases



blood letting should be resorted to whenever the pulse will admit. Sometimes the pulse in the first stage is small, tense, and corded, which should not deter us from a small bleeding, which will often bring about a revolution in the disease. Dr. Chapman in his lectures on Typhus Fever says that sometimes the pulse is so weak as <sup>to</sup> almost forbid the use of the lancet, but says he we should not be deterred from the use of it. This I considered as indirect debility, and was induced to pursue the same course which acted as above stated. The next thing is to give an Emetic; this will often deliver the Stomach from a considerable burthen, discharging it, of its contents; the Tartarized Antimony I prefer, given in doses from two to six grains, this is beneficial not only in evacuating the Stomach, of its burthen but by acting on the



capillaries, and producing a slight diaphoresis. — I next resort to a small dose of Calomel, about eight grains, followed by a dose of Magnesia or oil, to discharge the Intestinal Canal, and to leave the system in a perfectly susceptible state.

By this time the patient being completely evacuated, I commence upon the diaphoretic plan, which is done by the redilution at night, followed by small doses of Dover's powder, about eight grains. The acetate of Ammonia, I have found to be the best diaphoretic, given every hour or two in doses of a table spoonful; sometimes the debility is so great as to require a slight stimulant, in such cases the Polygala Senega is to be preferred, which would tire the system a little, and thus act as a diaphoretic — At this time should the patient complain of



of costiveness or the least griping an Enema should be given, such as the Opium Olivarium, or a table spoonful of common salt, a table spoonful of Hogs Lard, and a table spoonful of common brown sugar, <sup>to one pint of warm water</sup> this is a mild enema, and one which is always at hand in country practice, if there should be any pain or uneasiness about the Breast or心 a blister should be applied - The symptoms still continue agid, and a plthora remains, I would institute cupping and leeching in the place of venation; when there is great asthme at night an anodyne should be given, a combination of Opium and Camphor answers exceedingly well.

When there is great subseq. asthmatic debility we may use the Peruvian Bark, if there should remain a cough (which frequently does) the



common cough mixture, or an ounce of Laudanum  
mixed with half an ounce of Spirit of Sassafras  
twenty drops three or four times a day to give.  
DRINKS- These should be mucilaginous, such as  
Barley water, but the best is Hot Sack Tea,  
which is a good expectorant. Acid drinks are  
also beneficial, particularly lemonade,  
which will produce a moisture on the skin.  
Spiritous liquors should be strictly forbidden,  
or any drink which would prove stimulating.  
Diet. I shall only say this should be light  
and antiphlogistic.

To prevent a return of the disease, the patient  
should be kept warm, wearing flannel next  
his skin, he should not be exposed to a humid  
atmosphere, or vicissitudes of the weather.

